MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1:8551

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn — LENGTH OF STAY (In this place) Dragged
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Virginia — COUNTY Pres. G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Garden
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles	W.	Abernathy	Aug	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	? 1893	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Coal	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James W. Abernathy	Sarah Ann Bravera

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Allen Abernathy - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound fracture of skull & legs.	
	(c) Struck by automobile	

812.5
1700

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Berwyn	Prince Georges	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
8	4	50	7:15 p.m.			Struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Malone, M.D. Dep. Med. Exam.	Cheverly, Md.	8-4-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 6, 1950	Bethkenhill	Elk Garden	West Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 5/50	Amanda Downey	J. Gaeche Sons	Hyattsville Md

John D. Smith

45402

RECEIVED
AUG 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08382

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 11 mo., 3 da's
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 718- L. Street, S.E.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) O (Last) BARBER

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married(sep.)

8. DATE OF BIRTH: 7/27/93

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Clerk.

11. BIRTHPLACE (State or foreign country): Union Co., N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Barber

14. MOTHER'S MAIDEN NAME: Lillie Blackmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis Far Advanced	11 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	24 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/21, 1949, to 8/24, 1950, that I last saw the deceased alive on 8/24, 1950, and that death occurred at 2:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 8/24/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Aug 27, 1950 | NAME OF CEMETERY OR CREMATORY D.C. Morgue | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 8-28-50 | REGISTRAR'S SIGNATURE Mol Weiss

24. FUNERAL DIRECTOR Daniel Leo Finucane M.D. ADDRESS Glen Dale Md.

9889

RECEIVED
SEP 2 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08383

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 220 E St. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DORIS	V	BIRCH	AUG	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	MARRIED	11-16-18	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	None	Roanoke, Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Flaherty	Mary Bossell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary Tuberculosis	13 mo.
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 16th, 1950, to Aug 19th, 1950, that I last saw the deceased alive on Aug 19th, 1950, and that death occurred at 8:27 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane MD	Glenn Dale Sanatorium Glenn Dale, Maryland	8/19/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-23-50	Arlington Natl.	Arlington	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-21-50	Not Weiss	W.W. Chamberlo	517-11th St SE Wash. D.C.

RECEIVED
AUG 28 1950
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18384

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) | LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 346 K. St., S. W.

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) (Last) BRANSON

4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/23/1902

9. AGE last birthday: 48 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bailer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Branson

14. MOTHER'S MAIDEN NAME: Fannie Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 578-12-8516

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X **Immediate cause** (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 14yr 4mos

13b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1950, to 8/12, 1950, that I last saw the deceased alive on 8/12, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Leo Finucane MD — Glenn Dale Sanatorium, Glenn Dale, Maryland — 8/12/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 8/12/50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 8/13/50 | REGISTRAR'S SIGNATURE Abe Weiss | 24. FUNERAL DIRECTOR ADDRESS John L Rhines & Co 901-3rd St SW

45499

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 11838 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Heights
STREET ADDRESS (If rural, give location) 5-712 Riverdale St.

3. NAME OF DECEASED (Type or Print): (First) Jean (Middle) (Last) Brelsford

4. DATE OF DEATH: (Month) (Day) (Year) 8-28 1950

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Feb. 8 1889 — 9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Internal Revenue — 10b. KIND OF BUSINESS OR INDUSTRY: Govt. U.S. — 11. BIRTHPLACE (State or foreign country): Ohio — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James C Brelsford — 14. MOTHER'S MAIDEN NAME: Emma O Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No — 16. SOCIAL SECURITY NO. — 17. INFORMANT: E. Estelle Brelsford Berwyn Heights Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — Interval between onset and death:

421.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic insufficiency

92a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular disease

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville Md 8-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8/30/50 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 8/29/50 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR F. Rasche Sons — ADDRESS Hyattsville Md

49697

VS. A15A

RECEIVED
AUG 31 1960
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08386

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Prince Geo.
City or town: Bradbury Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 3 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? — —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pr Geo
City or town: Bradbury Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5210 Shadyside ave
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Baker MacGill Brooks

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Elsie Kelley Brooks
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Jan 26 1881

8. AGE: Years	Months	Days	If less than one day
69	7	5	____ hrs. ____ min.

9. Birthplace: Balto co Md
(Town, county, and state)
10. Usual occupation: Retired Clerk
11. Industry or business: R.R. Express
MOTHER FATHER 12. Name: John J. Brooks
13. Birthplace
MOTHER 14. Maiden name: Emma A. Neighoff
15. Birthplace
16. Informant: Mrs Elsie K. Brooks
Address: 5210 Shadyside ave S.E. Wash 20 DC
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-2-50 (month) (day) (year)
Cemetery or crematory: London Park Cem
Location: Baltimore Md
18. Funeral director: Geo E. Beyer Jr
Address: 1512 Hollins St Balto. 23 Md
19. Sept. 2 1950 (Date rec'd by registrar) R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 31 1950 at 5:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 1949 to August 30 1950
and that I last saw h. alive on August 30 1950

Immediate cause of death	DURATION
Tuberculosis, pulmonary,	6 years
c.	
Due to:	
Due to:	
Other conditions: Asthma, bronchial	10 years

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ____
Means of injury: ____ Injured at work?

23. SIGNATURE: Ernest E. Cornelsen M.D. M. D. or other
Address: 4400 Bowen Rd. SE Washington 19 D.C. Date signed: Aug 31 1950

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08387

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 36 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colman Manor
STREET ADDRESS (If rural, give location): 3802 Newark Road.

3. NAME OF DECEASED (Type or Print) (First): John (Middle): ANDREW (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): Aug 1 1950

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-22-1911

9. AGE last birthday: 38 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Feldmans.

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew S. Brown

14. MOTHER'S MAIDEN NAME: Anna Papadeas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Geo. S. Brown 3802 Newark Rd. Colman Manor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolus, (Saddle thrombus) - bifurcation, with multiple small areas of infarction

461X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart disease.

100a (c) Pulmonary Congestion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 31 1950

19b. MAJOR FINDINGS OF OPERATION: Ext. Hemorrhoids

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1950, to Aug 1, 1950 that I last saw the deceased alive on Aug 1, 1950, and that death occurred at 11 15 p m., from the causes and on the date stated above. (Dr. Miller)

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Maloney M.D. Dep. Med. Exam. Cheverly - Hyattsville Md. 8-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/4/50 — NAME OF CEMETERY OR CREMATORY: Lt Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Aug 3/50 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Goecke Sons — ADDRESS: Hyattsville Md

15699

RECEIVED
AUG 4 1950
BUREAU V. S

M

08388

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 8 hrs. 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED STATE ~~Maryland~~ D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2132 32nd St. S.E. Washington D.C.
STREET ADDRESS (If rural, give location) 2132 32nd St., S.E. ~~Md.~~

3. NAME OF DECEASED (Type or Print) (First) Rosetta (Middle) (Last) Butler
4. DATE OF DEATH (Month) Aug. (Day) 19 (Year) 1950
5. SEX F.
6. COLOR OR RACE W.
7. ~~SINGLE,~~ MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 16 1870
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? Am.
13. FATHER'S NAME Mr. John Godman
14. MOTHER'S MAIDEN NAME Rosetta Potter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Lucy Paswaters - as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Congestive Heart Failure	1 year
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis and hypertensive Heart Disease	10 years.
	(c) Arterio-sclerosis	15 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1950, to Aug 19, 1950, that I last saw the deceased alive on Aug 19, 1950 and that death occurred at 7:55 P.M., from the causes and on the date stated above.

SIGNATURE Albert Roth, M.D. (Degree or title) ADDRESS 5507 Madison St. Riverdale Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 22, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Suitland Md (State)
DATE REC'D BY LOCAL REG. Aug 19, 1950
REGISTRAR'S SIGNATURE James Sevely
24. FUNERAL DIRECTOR W. W. Chambers ADDRESS ~~517 11th St.~~ Riverdale, Md. 52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

3

VS A15

RECEIVED
AUG 22 1950
BUREAU V. S

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C8389

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 mos., & 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2813 Bellevue Terrace, N. W. ✓

3. NAME OF DECEASED (Type or Print) (First) John (Middle) R. (Last) Chichester
4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 11/13/1877
9. AGE last birthday 72 yrs. If under 1 year Months - Days - If under 24 hrs. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Prince William Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles R. Chichester
14. MOTHER'S MAIDEN NAME Sarah C. Agrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) pulmonary tuberculosis, Far advanced 21 years

13 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1950, to 8/14, 1950, that I last saw the deceased alive on 8/14, 1950, and that death occurred at 11 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinicane (Degree or title) MD
ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland
DATE SIGNED 8/14/50

23. BURIAL, CREMATION REMOVAL, (Specify) burial
DATE THEREOF 8-16-50
NAME OF CEMETERY OR CREMATORY unknown
LOCATION (City, town, or county) West New York (State) N.J.

DATE REC'D BY LOCAL REG. 8/15/50
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W. W. Chambers
ADDRESS Riverdale, Md.

XVX99

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08390

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston | LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5214 Decatur St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 5214 Decatur St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Helen	Weems	Durell	Aug. 22 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Nov. 21st 1892	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Own Home	Housewife	Baltimore Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm K. Weems	Helen Kenatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	Edw. B. Durell - above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
525X **Immediate cause**	(a) Acute congestive heart failure	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary fibrosis - emphysema	5 years
932	(c) Pneumonitis	5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-19, 1950, to 8-22, 1950, that I last saw the deceased alive on 8-19, 1950, and that death occurred at 2:15 a.m. 8-22-50, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H H Bauer MD.		4314 Gallatin St. Hyattsville	Aug. 8/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/24/50	Ft Lincoln Cemetery	Colmar Manor Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 23, 1950	James Devey	J Gasch & Son	Hyattsville MD.

RECEIVED
AUG 24 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08391

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (In this place) 43 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4010 - 35th st

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Penn (Last) Earnest Sr

4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 19 50

5. SEX male — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M — 8. DATE OF BIRTH 3/24/1886 — 9. AGE last birthday 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist — 10b. KIND OF BUSINESS OR INDUSTRY navy yard — 11. BIRTHPLACE (State or foreign country) Pa — 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME unknown — 14. MOTHER'S MAIDEN NAME ? milton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — — 17. INFORMANT AND ADDRESS anna Ernest Mt Rainier Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 1 day

420.0 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC Heart Disease — 10 years

(c) Generalized Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OLD FRACTURE LEFT ANKLE

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Aug, 1950, that I last saw the deceased alive on Aug 28, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Benjamin S. Miller M.D. 3824-34 St MT. RAINIER Aug 29 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8/31/50 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. Aug 30, 1950 — REGISTRAR'S SIGNATURE James Sevey — 24. FUNERAL DIRECTOR — ADDRESS F. Raschi & Sons Hyattsville Md

32697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1950
BUREAU V. S

08392

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 mo., 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2025 - Flagler Pl., N.W.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) G. (Last) Edwards
4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 1950
5. SEX male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1/26/90
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Snowhill, N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Edwards
14. MOTHER'S MAIDEN NAME Louisa Yelverton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) pulmonary tuberculosis, Far Advanced — 1 year.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002X
13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1950, to 8/22, 1950, that I last saw the deceased alive on 8/22, 1950, and that death occurred at 8:55 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finnicane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 8/22/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8-25-50 NAME OF CEMETERY OR CREMATORY unknown LOCATION (City, town, or county) (State) Snow Hill, N.C.

DATE REC'D BY LOCAL REG. 8-23-50 REGISTRAR'S SIGNATURE Mol Weiss
24. FUNERAL DIRECTOR ADDRESS Frazier Fun. Home Inc., Per - Walter C. Thomas A-101 — 389 Rhode Island Ave. N.W.

308V9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

U8393

1. PLACE OF DEATH: COUNTY Prince Geo | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 606 Prince George St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 606 Prince George Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Fairall

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1950

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH: June 23 1875 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanics helper | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Yard | 11. BIRTHPLACE (State or foreign country): Howard Co. Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Fairall | 14. MOTHER'S MAIDEN NAME: Harriet Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Ethel Fair Fairall 1723 E. 30th St Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334x Immediate cause (a) Cerebral apoplexy — Interval between onset and death: 10 hrs

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause etating the underlying cause last (b) Hypertension - arteriosclerosis — 6 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1950, to 8/27, 1950, that I last saw the deceased alive on 8-27-, 1950, and that death occurred at 8:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B [illegible] M.D. Laurel Md 8/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE August 29 1950 | NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery | LOCATION (City, town, or county) (State) Laurel Maryland

DATE REC'D BY LOCAL REG. Aug 29-50 | REGISTRAR'S SIGNATURE M. Brashears | 24. FUNERAL DIRECTOR DeWitt Donaldson | ADDRESS Laurel Md

33697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
AUG 31 1960
BUREAU V. I.

Evidence for change of birth date shown on:

FILM No. G 127 AUG 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

118394

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Geo MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (in this place) Few hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Leeland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY DC; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) 1439 Girard St NW

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) B (Last) FAWCETT

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 13 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired RR Conductor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? am

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. NO

17. INFORMANT: Mrs Della Liggett (Friend)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	years
	(c)	

420.0
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatism — years

19a. DATE OF OPERATION: May 12 1950

19b. MAJOR FINDINGS OF OPERATION: Enlarged Prostate

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dayton O Watkins	MD	5304 annapolis Rd, Hyattsville Md	8-18-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 21, 1950	Cedar Hill	Suitland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 19 1950	Mrs. Jas. Severe Deputy	J. Darch's Son	Hyattsville Md.

10247

RECEIVED
AUG 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08395

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 39½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3201 Nicholson - St.

3. NAME OF DECEASED (Type or Print) (First) Sheila Baby (Middle) ~~Girl~~ Rae (Last) Fenton

4. DATE OF DEATH (Month) August (Day) 11 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby
8. DATE OF BIRTH 8-9-50
9. AGE last birthday 1 55 P.m. yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm. R. Fenton
14. MOTHER'S MAIDEN NAME Clements Rae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Prematurity

Antecedent cause(s)

157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Incomplete Expansion of the Lungs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patent Ductus Artesiosus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9, 1950, to 8-11, 1950, that I last saw the deceased alive on 8-11, 1950, and that death occurred at 6 35 A m., from the causes and on the date stated above.

SIGNATURE Ronald S. Fleischer (Degree or title) M.D. ADDRESS 5432 Queens Chapel Rd. Hyattsville DATE SIGNED 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Aug 12-50 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) Bladensburg, Md (State)

DATE REC'D BY LOCAL REG. 8-11-50 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR Simmons Bros. ADDRESS 2007 Nichols Ave SE

2-0-8-09-0-38-1-37-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 14 1950
BUREAU V. S

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 12, NOV 14 1950 FOR MEDICAL EXAMINERS

08396

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brentwood
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: N. Brentwood
STREET ADDRESS (If rural give location): 4526 - 39th Place

3. NAME OF DECEASED (Type or Print): (First) Peggy (Middle) Jean (Last) Gilbert

4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 19 1930

9. AGE last birthday: 20 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Franchini Ward

14. MOTHER'S MAIDEN NAME: Alice Ethel Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Bettylynn Ward - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

795.3 **Immediate cause** (a) Undetermined at this time.

200b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Undetermined cause - Case closed (11-14-50 akc)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Mahoney M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 8-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: Aug 3 1950

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. Aug 3 1950

REGISTRAR'S SIGNATURE: Mrs. Jos. Devere (Deputy)

24. FUNERAL DIRECTOR ADDRESS: W. R. Speiss 4918 Rhode Island Ave

Dr. Fisher's office reports body, was found dead - decomposed
11-14-52
arc

RECEIVED
AUG 7 1950
BUREAU V. S

Evidence for change in 8 & 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08397

FILM No. G 129 DEC 1 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md — LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 4200 - 30th St. - Mt. Rainier, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Chauncey (Middle) (Last) Glascock
4. DATE OF DEATH: (Month) August (Day) 29, (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct. 21, 1898
9. AGE last birthday: 5557 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bureau of public roads
10b. KIND OF BUSINESS OR INDUSTRY: Gov.
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Abner Glascock
14. MOTHER'S MAIDEN NAME: Margaret B. Lindsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Clyde Glascock - 4200 - 30th St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion, Myocardial Infarction, Circumflex branch, Left coronary artery — 3 days

Antecedent cause(s) (b) Generalized arteriosclerosis, c̄ marked coronary arteriosclerosis — 1 year?

420.1 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Congestive Heart Failure — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26, 1950, to 8-29, 1950, that I last saw the deceased alive on 8-25, 1950, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE: W.B. Moyers — (Degree or title): M.D — ADDRESS: Mt. Rainier Md — DATE SIGNED: 8-29-50

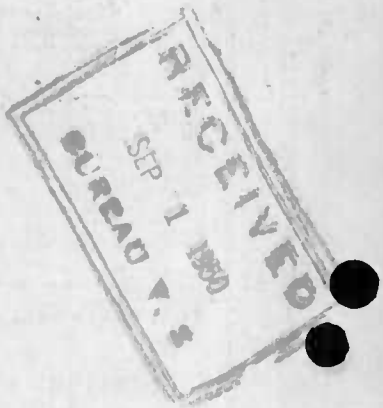
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/31/50 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG.: 8-30-50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Nelly's Funeral Home — ADDRESS: 3200 - R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
SEP 1 1980
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08398

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Pr George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Park
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Park
STREET ADDRESS (If rural, give location) 1134 - 71 ave

3. NAME OF DECEASED (Type or Print) (First) Carolyn (Middle) Hall (Last)

4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 1950

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH July 10 1949

9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Child

11. BIRTHPLACE (State or foreign country) Highland Park Md

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME Shelly Hall

14. MOTHER'S MAIDEN NAME Ella Wilder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. no

17. INFORMANT AND ADDRESS Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

473X Immediate cause (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

115C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Convulsive Siegures Mental

(c) retardation, Acute Tonsillitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION no

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Dayton O Watkins (Degree or title) MD ADDRESS 5304 Annapolis Rd Hyattsville Md DATE SIGNED 8-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8-19-50

NAME OF CEMETERY OR CREMATORY Paynes

LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 8-17-19

REGISTRAR'S SIGNATURE Amanda Downey 50 Carrie F. Campbell

24. FUNERAL DIRECTOR Stewart Funeral Home

ADDRESS 30 H St NE Wash. D.C.

RECEIVED
AUG 24 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08399

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nottingham
LENGTH OF STAY (If visitor or transient) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) Homer Avenue

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Lynn (Last) Hall

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/28/50

9. AGE last birthday: yrs. If under 1 year: Months 7, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Magruder Hall Jr.

14. MOTHER'S MAIDEN NAME: Margaret Duley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Electrocution

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Nottingham (COUNTY) P. G. (STATE) Md.

TIME OF INJURY (Month) 8 (Day) 19 (Year) 50 (Hour) 4:00 (am) (pm) INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Lay on a floor plug

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James J. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 8/19/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF August 21 1950 | NAME OF CEMETERY OR CREMATORY Private Cemetery | LOCATION (City, town, or county) Hall (State) Maryland

DATE REC'D BY LOCAL REG. Aug 21 1950 | REGISTRAR'S SIGNATURE R. Bruce Smith | 24. FUNERAL DIRECTOR Ritchie Brothers | ADDRESS Upper Marlboro, Md.

9V 1-28-0-99-V-99-V

RECEIVED
AUG 22 1960
BUREAU V. S

08400

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 22 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 383 Main St

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Pollard (Last) ~~Hance~~ HANCE

4. DATE OF DEATH (Month) August (Day) 2 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Oct. 26 1886
9. AGE last birthday 63 yrs. If under 1 year Months 8 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of Rooming House
10b. KIND OF BUSINESS OR INDUSTRY Owns Rooming House
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Hance
14. MOTHER'S MAIDEN NAME Mary Feasey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Priscilla Hance Main St Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral vascular accident

93d (c) hypertensive heart disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. peripheral vascular disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 8-2, 1950, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE R B Wissinger (Degree or title) MD ADDRESS 4404 Queensbury Rd Redl DATE SIGNED 8-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/5/50
NAME OF CEMETERY OR CREMATORY Ivy Hill
LOCATION (City, town, or county) Laurel (State) Md

DATE REC'D BY LOCAL REG. Aug 8-1950
REGISTRAR'S SIGNATURE James Severn
24. FUNERAL DIRECTOR Ridgley Selby ADDRESS

15687

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1990
BUREAU

08401

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5801 - 42 Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington , D.C.
STREET ADDRESS (If rural, give location): 3421 Northampton St. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emma	Hayes	Heck	Aug. 8, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Jan. 30, 1880	70 yrs.	6	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Heckton, Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Lewis Heck	Mary F. Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Lewis Heck- Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
350 Immediate cause	(a) Paralysis Agitans	5 years
87c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1945, to Aug 8, 1950, that I last saw the deceased alive on Aug 8, 1950, and that death occurred at 3:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard V. Mattingly	M.D	4707 Conn. Ave NW Wash. D.C.	8/8/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11 Aug. 1950	Dauphin, Pa.	Dauphin, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 8, 1950	Mrs. Jas. Devere Deputy Clerk	Robert H. Humphrey	Bethesda, Md.

VS. A15

RECEIVED
AUG 10 1950
BUREAU V. S

Evidence for addition in 9 shown on:

FILM No. G 127 AUG 23 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

118412

Reg. Dist. No. 272

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs — LENGTH OF STAY (in this place) 2 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5134 Auth Road	STREET ADDRESS (If rural, give location) 5134 Auth Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ella		Hickman	8	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widowed	Unk 1865	Unk 80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		?	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular Renal disease	
442 X 131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M.D.	Forestville Md	8-2-50

25. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Aug. 2-50		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Aug. 2-50	Carrie F. Campbell	St Joseph's Funeral Home	306 - 5th St. N.W.

VS. A15A

XVX99

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AUG 4 1980
BUREAU V. S

Evidence for addition in 18 shown on:

FILM No. G 1 28 SEP 27 1950

08404

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Michigan COUNTY X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs — LENGTH OF STAY (in this place) Transient	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 block of Brinkley Road	STREET ADDRESS (If rural, give location) 122 Buttles

3. NAME OF DECEASED (Type or Print)	(First) Donald	(Middle)	(Last) Hopfer	4. DATE OF DEATH	(Month) 8	(Day) 18	(Year) 50
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH 7/16/16	9. AGE last birthday 34 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Airforce	10b. KIND OF BUSINESS OR INDUSTRY T/Sgt	11. BIRTHPLACE (State or foreign country) Carrolton, Pa.	12. CITIZEN OF WHAT COUNTRY U. S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Clara Hopfer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT U. S. Army records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

863.8 Immediate cause (a) Shock

173 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing and burning injuries to the entire body

(c) Occupant of a plane that fell to the ground and burned (9-27-50 akc)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Place of death	(CITY OR TOWN) Camp Springs	(COUNTY) P. G.	(STATE) Md.
TIME OF INJURY (Month) 8 (Day) 18 (Year) 50 (Hour) 4:25 P.m.	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR? Plane crash		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James I. Boyd	M. D.	Forestville, Md.	8/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial	DATE THEREOF Aug 20/50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) Carrolltown (State) Pa.
DATE REC'D BY LOCAL REG. 18 Aug. 50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Wastler Funeral Home	ADDRESS

Miss Carrie Campbell 301 E. Capitol St. Wash. D.C. 60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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AUG 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1842-232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome Station, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Preston (Last) Hook

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug 6-1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Pinkney Hook

14. MOTHER'S MAIDEN NAME: Annie Dudley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Cora Hook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x **Immediate cause** (a) Cerebral Vascular Accident — Interval Between Onset and Death: 7 days

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C V Disease — Unk

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Aug., 1950, to 26 Aug., 1950, that I last saw the deceased alive on 26 Aug., 1950, and that death occurred at 1.40 P m., from the causes and on the date stated above.

SIGNATURE: K B Darsey — (Degree or title) M D — ADDRESS: Upper Marlboro Md — DATE SIGNED: 8-26-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-29-50 — NAME OF CEMETERY OR CREMATORY: St. Thomas Episcopal - Croom, — LOCATION (City, town, or county) (State): Md.

DATE REC'D BY LOCAL REG.: Aug 29 1950 — REGISTRAR'S SIGNATURE: R Bud Smith

24. FUNERAL DIRECTOR: Ritchie Bros. - Upper Marlboro - Md — ADDRESS

30879

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AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08405

CERTIFICATE OF DEATH

Reg. Dist. No. 105

Local Reg Dist 240

1. PLACE OF DEATH:

County: P Geo

City or town: Bayden Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: P Geo

City or town: Bayden Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Ella Francis Hyde

3.(b) Social Security Number: None

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 9/12/1869

8. AGE: Years: 81 Months: Days: If less than one day ... hrs. ... min.

9. Birthplace: Pomer Geo Co
(Town, county, and state)

10. Usual occupation: House Key

11. Industry or business: Self

FATHER
12. Name: George Hyde
13. Birthplace: P Geo Co Md

MOTHER
14. Maiden name: Elizabeth Cook
15. Birthplace: P Geo Co Md

16. Informant: Helen H Townshend

Address: Rural Brandywine Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: 8-14-50 (month) (day) (year)

Cemetery or crematory: St Paul

Location: Bayden Md

18. Funeral director: Hewitt & Ryan

Address: Waldorf Md

19. 8/14 1950 (Date rec'd by registrar) M. L. Monroe Registrar
8/15 1950 F. H. Billingsley - Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/12 1950 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 to 8/12 1950 and that I last saw her alive on 8/11 1950

Immediate cause of death: Myocardial Apoplexy

Due to: Cardio-Vas-Renal Disease

Due to: Senility

Other conditions: 442X

DURATION: Years

13/a (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Geo. S. Weber, M.D. M. D. or other

Address: Waldorf Md Date signed: 8/12/50

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 17 1960
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08406

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 10 mos., & 6 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Maryland~~ D. C. COUNTY ~~Prince Georges~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Cedar Hgts.~~
STREET ADDRESS (If rural, give location) ~~917 64th Avenue~~ ✓

3. NAME OF DECEASED (Type or Print) (First) JACKSON (Middle) ERNESTINE (Last) N
4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1/29/14
9. AGE last birthday 36 yrs. If under 1 year Months 6 Days 7 If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henson Dandridge
14. MOTHER'S MAIDEN NAME Agnes Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 577-56-5521
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X Immediate cause (a) pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 12 mos

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

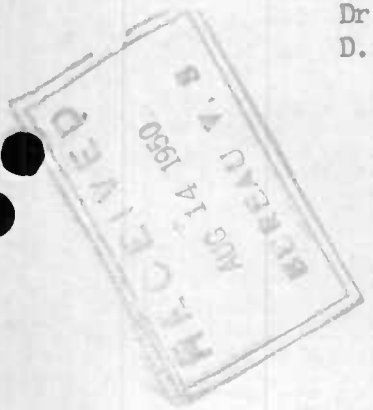
22. I hereby certify that I attended the deceased from 9/3, 1949, to 8/5, 1950, that I last saw the deceased alive on 8/5, 1950, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) MD
ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland
DATE SIGNED 8/5/50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 8/10/50
NAME OF CEMETERY OR CREMATORY Harmony Memorial Cemetery
LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REG. 8/6/50
REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR J T Stuart
ADDRESS 30 H St NE

Authorization for change of residence on letter addressed to
Dr. Daniel Finucane, and answered by Mrs. Norman, Med. Social Workers,
D. C. Gov't. 11-27-50 ams.



MARYLAND STATE DEPARTMENT OF HEALTH

08407

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton — LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodyard Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Woodyard Road

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) F (Last) Kolbe

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 30-1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.-A

13. FATHER'S NAME: Conrad Herbert Kolbe

14. MOTHER'S MAIDEN NAME: Elizabeth Mather

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Howard T. Phelps.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

976 Immediate cause (a) Hemorrhage and shock

164c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of chest

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Clinton — (COUNTY) P.G. — (STATE) Md

TIME OF INJURY (Month) 8 (Day) 5 (Year) 1950 (Hour) 10 (Min.) A

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Shot self through chest with 41 calibre pistol

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: James F. Boyd (Degree or title) M.D. ADDRESS: Forestville Md DATE SIGNED: 8-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/8/50 — NAME OF CEMETERY OR CREMATORY: Wash. National — LOCATION (City, town, or county): Suitland (State): Md.

DATE REC'D BY LOCAL REG.: Aug 5 1950 — REGISTRAR'S SIGNATURE: R. Bud Smith

24. FUNERAL DIRECTOR: W.W. Chambers Co — ADDRESS: 517-11th St. SE. Wash. DC

30885

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AUG 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08408

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7003 Sycamore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7003 Sycamore Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bena	J.	Leine	Aug	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	May 6, 1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home-Housewife	Own Home	Germany	Germany

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Jacob	Betty Katz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Selma E. Newman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.2 Immediate cause	(a) Angina pectoris	16 years
94b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 21, 1948, to Aug. 4, 1950, that I last saw the deceased alive on Aug. 4, 1950, and that death occurred at 10 3/4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William J. Meiman, M.D.	10616 Lorain Ave, Silver Spring Md.	8/5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 6 1950	Glen Dyberry Cem	Honesdale,	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/5/50	James Bevers	Arthur Dallas	254 Carroll St. Takoma Park D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: PRINCE GEORGES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): not given
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7308 Flower

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park Md
STREET ADDRESS (If rural, give location): 7308 Flower Ave

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) (Last) LEPHFEW
4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 2, 1875
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs James E Shultz 7308 Flower Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis general & cerebral

331X Antecedent cause(s) Cerebral hemorrhage (he had 2 before) — Sudden

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hemiplegia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from several yrs, 1950, to 8/30/, 1950 that I last saw the deceased alive on 8/29/, 1950, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE: Chas M Wolohan — (Degree or title) ADDRESS: 500 Underwood St. N.W. Wash. D.C. — DATE SIGNED: 8/30/50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: Sept 1, 1950 — NAME OF CEMETERY OR CREMATORY: Arlington Nat — LOCATION (City, town, or county): Arlington (State): Va

DATE REC'D BY LOCAL REG.: Aug 30/50 — REGISTRAR'S SIGNATURE: James Severe
24. FUNERAL DIRECTOR: Deal Funeral Home — ADDRESS: 4812 Ga Ave NW Wash D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

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SEP 1 1950
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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08410

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colmar Manor
STREET ADDRESS (If rural, give location): 4321 - Monroe Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Baby Girl Levy
4. DATE OF DEATH (Month) (Day) (Year): August 29 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): N.B.
8. DATE OF BIRTH: August 27, 1950
9. AGE last birthday: yrs. — If under 1 year: Months, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Elaine Levy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776x Immediate cause (a) Prematurity

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1950, to Aug 29, 1950, that I last saw the deceased alive on Aug 29, 1950 and that death occurred at 2:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Michael L Berckley MD — ADDRESS: 2015 Rst NW Wash DC — DATE SIGNED: 29 Aug 50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE: 8-29-50 — NAME OF CEMETERY OR CREMATORY: Prince George's Gen'l Hospital — LOCATION (City, town, or county) (State): Cheverly, Maryland

DATE REC'D BY LOCAL REG.: 8-30-1950 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: David A. McNamee — ADDRESS:

2-0-8-27-0-22-1-34-1

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AUG 31 1990

Evidence for addition of #9 as shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08411

FILM No. G 127 SEP 7 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro, Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Lusby
4. DATE OF DEATH: (Month) August (Day) 23, (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): N.B.
8. DATE OF BIRTH: August 21, 1950
9. AGE last birthday: — yrs. If under 1 year: Months — Days 2 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Lusby, Grover
14. MOTHER'S MAIDEN NAME: Richardson, Helen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Grover Lusby - Upper Marl. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

760.0 Immediate cause (a) Intracranial hemorrhage

Antecedent cause(s)

161c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rapid second stage labor.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6 45 A. m., from the causes and on the date stated above.

SIGNATURE: Francis Warren (Degree or title) M.D. ADDRESS: 2015 - R St. N.W. Washington DC DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8-25-50 — NAME OF CEMETERY OR CREMATORY: Trinity Episcopal — LOCATION (City, town, or county) (State): Upper Marlboro, Md.

DATE REC'D BY LOCAL REG.: 8-24-50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Ritchie Bros. Upper Marlboro, Md. — ADDRESS:

2-0-8-21-0-32-6-40-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 25 1980

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 25 hrs. 39 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 17B Parkway 11 00 P.m.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Mary Girl (Last) Marker

4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby

8. DATE OF BIRTH Aug 18, 1950

9. AGE last birthday yrs. If under 1 year Months. Days 1 If under 24 hrs. Hours 1 Min. 39

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frederick G Marker

14. MOTHER'S MAIDEN NAME Wiedel, Theresa A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis

Antecedent cause(s) (b) Prematurity (3 lbs 7 oz)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

762.5

160c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 1950, to Aug 18, 1950, that I last saw the deceased alive on ~~Jan~~ Aug 18, 1950, and that death occurred at 11 00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Col. Etienne, M.D. College Park, Md 8/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 19 Aug 1950

NAME OF CEMETERY OR CREMATORY Ft Lincoln

LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. 8-19-50

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch Sons Hyattsville, Md.

ADDRESS

2-0-8-17-0-20-2-32-2

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AUG 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08413

Reg. Dist. No. 342

1. PLACE OF DEATH:

County Prince Georges

City or town Capital Heights (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Capital Heights Md (If outside city or town limits, write RURAL and give nearest town)

Street No. 4801-H St. (If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Elizabeth Irene Maurer

3. (b) Social Security Number no

4. Sex Fem

5. Color or race W

6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife George Henry Maurer

6.(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) May 10 1863

8. AGE: Years 87 Months Days If less than one day ..... hrs. ..... min.

9. Birthplace Washington DC (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business at home

FATHER 12. Name Jacob Harleston

13. Birthplace Monroe, Mich.

MOTHER 14. Maiden name Fannie Gordon

15. Birthplace Boston, Mass.

16. Informant George H Maurer

Address 4801-H St - Capital Heights Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 25 1950 (month) (day) (year)

Cemetery or crematory Rock Creek

Location Washington D.C.

18. Funeral director J. Wm. Lee's Sons Co

Address 300-4 St. N.E. - Wash. D.C.

19. Aug. 22 1950 (Date rec'd by registrar) Caprie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1950 at 1:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 1940 to Aug 22 1950 and that I last saw her alive on Aug 21 1950

Immediate cause of death	DURATION
Acute Coronary thrombosis	30 min
Due to Chronic myocarditis	1 mo.
Due to General arteriosclerosis	unknown
Other conditions none	

420.1 93d (Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Paul O Van Hatten M. D. ~~or other~~

Address 5440 Silver Hill Rd SE Washington 19 DC Date signed Aug 22 1950

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
AUG 24 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08414

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince Georges Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (in this place): 6 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 1343- Shepherd St., N.E. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): RICHARD E McCORMACK

4. DATE OF DEATH (Month) (Day) (Year): 8/ 24 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	single	7-17-04	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer - Clerk	—	Washington, D. C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick McCormack	Bridget Gleason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	?	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Bronchopleural fistula & empyema right	15 days.
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lung abscess chronic right	9 mos.
	(c) Pulmonary Tuberculosis	3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-1-50	Tuberculosis and bronchiectasis with abscess	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2/24, 1950 to 8/24, 1950 that I last saw the deceased alive on 8/23, 1950 and that death occurred at 12 45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	8/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-28-50	Mt. Olivet	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-24-50	Noe Weiss	Timothy Haslan	204

26699 641 H St. NE. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1950
BUREAU V. S

08415

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 206 5th Street S.E.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Orendoff (Last) McLeod
4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 12, 1923
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brickmason
10b. KIND OF BUSINESS OR INDUSTRY A.T. Amis.
11. BIRTHPLACE (State or foreign country) N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Bennie McLeod
14. MOTHER'S MAIDEN NAME Lelia Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 2
16. SOCIAL SECURITY NO.
17. INFORMANT Rosetta Wooten McLeod

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture of skull

170c (c) Automobile accident

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Laurel (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 1 (Year) 50 (Hour) 9 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collision with truck (motor)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney, M.D. Dep. Med. Exam. Cheverly-Hyattsville, Md 8-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8-2-50
NAME OF CEMETERY OR CREMATORY Malvan & Schey Fun Home
LOCATION (City, town, or county) (State) Wash. D.C.
DATE REC'D BY LOCAL REG. 8-2-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Malvan & Schey Fun. Home ADDRESS
30609 424 R-St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08416

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (in this place) 28 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; STREET ADDRESS (If rural, give location) 516 Prince George

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Lydia (Last) Mirson

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1870 Aug 6

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennis Shoemaker

14. MOTHER'S MAIDEN NAME: Harriet Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Olen L. Merson 815 Main St. Laurel Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 30 hrs.

Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 20 yr.

(c) Info Provisis Cerebral Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 8, 1950, to 8 10, 1950, that I last saw the deceased alive on 8 10, 1950, and that death occurred at 1.40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. C. Warren ADDRESS Laurel DATE SIGNED Md 8.10.50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 12 1950 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Laurel, Maryland

DATE REC'D BY LOCAL REG. Aug 11-1950 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: Wm. Wm. Donaldson — ADDRESS: Laurel Md

VS. A15

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08417

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 9 mo., 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1213- 9'th St., N.W.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Mobley
4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1950

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9/27/40
9. AGE last birthday 9 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Willie Mobley
14. MOTHER'S MAIDEN NAME Beatrice Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT AND ADDRESS Willie Mobley, father; add., same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) pulmonary tuberculosis, Far advanced — 10 mos

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16/49 19, to 8/23, 1950, that I last saw the deceased alive on 8/23, 1950, and that death occurred at 11 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Pinecane M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 8/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8-23-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 8-24-50
REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR St Joseph Funeral Home ADDRESS 306 L St NW. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08418

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp	STREET ADDRESS (If rural, give location) 3203 Varnum St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary		Monninger	August	31,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs. / If under 1 year: Months. / If under 24 hrs.: Days, Hours, Mln.
F	W		Oct. 2, 1877	72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Wife		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Ziegler	Bridget Donohue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		3203 Varnum St. Charles E. Monninger Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	2 days
Antecedent cause(s)	Acute Pancreatitis	3 weeks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	3 weeks
	(c) Cerebral Arteriosclerosis	4 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

332X
833-

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Aug, 1950, that I last saw the deceased alive on Aug 29, 1950, and that death occurred at 7:30 Am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin S. Mueller	M D	3824-34 St Mt. Rainier	Aug 30 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/1/50	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-30-50	Amanda Downey	Pallais Funeral Home	3200 R.I. ave. Mt. Rainier Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1980
BUREAU OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08419

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 6 mos., & 13 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5107 3rd St., N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) ARON (Middle) (Last) MORGAN

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/10/1877

9. AGE last birthday: 73 yrs. If under 1 year: Months 2 Days 27 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY: Rose Valet Shop

11. BIRTHPLACE (State or foreign country): Kiev, Russia

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Abraham Mogilevicth

14. MOTHER'S MAIDEN NAME: Bessie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No —

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Gloria Eisenberg, 739 Newton Pl., N. W. Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 8 mos

002 x
13 l

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24/50, 1950, to 8/6, 1950, that I last saw the deceased alive on 8/6, 1950, and that death occurred at 9P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel P. O Finnegan M.D. ADDRESS: Glenn Dale Sanatorium Glenn Dale. Md. DATE SIGNED: 8/7/50.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF: 8/7/50. | NAME OF CEMETERY ~~OR CREMATORY~~: Reshev Israel Cemetery | LOCATION (City, town, or county): Capitol Heights. | (State): Md.

DATE REC'D BY LOCAL REG. 8/7/50 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: B Damanesky & Son | ADDRESS: 3501-14th St. N.W. Washington

49621

RECEIVED
AUG 14 1950
U. S. BUREAU OF

08420

Evidence for addition in 18 shown on:
FILM No. G 128 SEP 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 block of Brinkley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 1921 North Utah St., NW

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) F (Last) Nicholson
4. DATE OF DEATH (Month) 8 (Day) 18 (Year) 50
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 6, 1904
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Act. Chf. Sp. Oprns. Br.
10b. KIND OF BUSINESS OR INDUSTRY Civil Aeronautics Administration
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Personal papers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

863.9 Immediate cause (a) Shock

173 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing and burning injuries to the body head and extremeties.

(c) Was piloting plane that crashed to the ground and burned (9-27-50 akc)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at place of death (CITY OR TOWN) Camp Springs (COUNTY) P. G. (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 18 (Year) 1950 (Hour) 4:25P
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Plane crashed

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 8/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal for Burial
DATE THEREOF Aug 21 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Chicago Ill (State)
DATE REC'D BY LOCAL REG. 18 Aug. 50
REGISTRAR'S SIGNATURE Noel F. Windsor
24. FUNERAL DIRECTOR Wastler Funeral Home ADDRESS
Mrs. Carrie Campbell 301 E. Capitol St. Wash. D.C.
49797

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 25 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08421

231

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: PRINCE GEORGE'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: PRINCE GEORGE'S GEN. CHEVERLY, MD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND. COUNTY: P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HYATTSVILLE, MD.
STREET ADDRESS (If rural, give location): 1508 MADISON ST.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): PEPRONE. (NONE) PATCHADJIAN

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 26 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1909 Nov 12
9. AGE last birthday: 40 yrs. If under 1 year: Months 9, Days 14. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ARMENIA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HAGOP SERENGULIAN
14. MOTHER'S MAIDEN NAME: VARTOUHI DERASSADOURIAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): —
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: KEGHAN PATCHADJIAN 1508 MADISON ST., HYATTSVILLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) METASTATIC CARCINOMA.	
170X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA OF RIGHT BREAST.	24 Mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MARCH, 1950, to AUGUST, 1950, that I last saw the deceased alive on 25 AUGUST 1950 and that death occurred at 1.35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William B. Hagan, M.D.
ADDRESS: 3306 R.I. AVE. MT. RAINIER
DATE SIGNED: 8-26-50

23. BURIAL, CREMATION REMOVAL (Specify): TRANSIT - BURIAL
DATE: 8-30-50
NAME OF CEMETERY OR CREMATORY: Cedar Grove Cemetery
LOCATION (City, town, or county) (State): Long Island, Queens County, New York

DATE REC'D BY LOCAL REG.: 8-27-50
REGISTRAR'S SIGNATURE: Helen Kurvach
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda Md

Amanda Downey

RECEIVED
AUG 29 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08422

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince Georges

City or town: Clinton, Md. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Five years

Hospital, institution, or street address where death occurred: Woodyard Road Clinton Md

How long in hospital or institution? Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Clinton, Md. Box 67 (If outside city or town limits, write RURAL and give nearest town)

Street No.: Woodyard Road RR1 (If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Algye Poole Phillips

3.(b) Social Security Number: none

4. Sex: Fem

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: Milton White Phillips Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 17 1877

8. AGE: Years: 72 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER

12. Name: Richard Kurtz Poole

13. Birthplace: Maryland

MOTHER

14. Maiden name: Lucretia Owens

15. Birthplace: Maryland

16. Informant: Lucretia White

Address: Clinton, Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Aug 4 1950 (month) (day) (year)

Cemetery or crematory: Bellerville Md

Location: Monocracy Mont. Co. Md.

18. Funeral director: Robert A Pumphrey

Address: Bethesda Md

19. Aug 1 1950 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 1 1950 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1949 to Aug 1 1950 and that I last saw her alive on June 10 1950

Immediate cause of death: Rupture of abdominal aneurism (Found Dead in bath Room) — DURATION: Sudden

Due to: Abdominal Aneurism — 1 year

Due to: Arteriosclerosis general — unknown

Other conditions: none of note

451X (Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes Date of .....

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury ..... Injured at work?

23. SIGNATURE: Paul C. Van Yatta M.D. or other

Address: 5440 Silver Hill Road S.E. Washington 19 D.C. Date signed: Aug 1 1950

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08423

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9010 Old Fort Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill
STREET ADDRESS (If rural, give location) 9010 Old Fort Road

3. NAME OF DECEASED (Type or Print): (First) Jasper (Middle) C (Last) Plummer
4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 50
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married
8. DATE OF BIRTH: 1882
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unemployed
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Plummer
14. MOTHER'S MAIDEN NAME: Catherine Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Faustinus C. Plummer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177 X Immediate cause (a) Toxemia and exhaustion

51b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the prostate with metastasis to the spine and pelvis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 8/3/50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 8-3-50 | NAME OF CEMETERY OR CREMATORY Mt Olivet | LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. aug 3-1950 | REGISTRAR'S SIGNATURE Edna F. Collins | 24. FUNERAL DIRECTOR Barnes & Matthews ADDRESS 614-4 St. SW Wash. DC.

98899

RECEIVED
AUG 10 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08424

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro — LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Junction of Route # 4 and 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 408 G Street N. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	Joseph	Privitera	8	6	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hr.: Hours / Min.
Male	White	Single	January 21/25	25 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tile Setter	Construction	Washington, D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Privitera	Catherine Furnari

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	W.W.II		Samuel Priviteri

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
816.5 Immediate cause	(a) Hemorrhage and shock	
170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lacerating wound of the body that halfway bisected the body at the level of the 9th rib	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road	(CITY OR TOWN) Upper Marlboro	(COUNTY) P. G.	(STATE) Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
8	6	50	10:30A			Occupant of a car that was in a collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☒ therean and fram the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐ undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Bond	M.D.	Forestville, Md.	8/6/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREON	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 6. 1950	Gate of Heaven	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 6. 1950	R. Burl Smith	W.W. Chamberlin Co.	517 11th St. S.E.

306 V9 Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 8 1950
BUREAU V. S

08425

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hts | LENGTH OF STAY (in this place) Twks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 701-60th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural give location) 701-60th Place

3. NAME OF DECEASED (Type or Print) (First) Brenda (Middle) Rosella (Last) Pine

4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 1950

5. SEX Female | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH June 9-1950 | 9. AGE last birthday Tweeks | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) District of Columbia | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alvin E. Pine | 14. MOTHER'S MAIDEN NAME Jacqueline Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Jacqueline Bailey, Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

491x Immediate cause (a) Bilateral Broncho Pneumonia

107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxemia due to above (10/3/50 akc)

(c) Congestive heart failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. Dep. Med. Exam. (Degree or title) ADDRESS Cheverly-Hyattsville Md. DATE SIGNED 8-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 5, 1950 | NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | LOCATION (City, town, or county) 4445 Benning Rd. (State)

DATE REC'D BY LOCAL REG. Aug 3, 1950 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR Malvan & Sckey | ADDRESS 424 R. St. N.W.

9-V-6-09-0-99-V-99-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 10 1950
BUREAU V. A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08426

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Vinnie (Middle) De Marr (Last) Richards

4. DATE OF DEATH (Month) Aug. (Day) 27 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Mar. 17, 1878
9. AGE last birthday 72 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hsw
10b. KIND OF BUSINESS OR INDUSTRY Self.
11. BIRTHPLACE (State or foreign country) Aquasco Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Johnny De Marr
14. MOTHER'S MAIDEN NAME Margaret Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Elmer, Richards, Brandywine, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) C.A. Breast c Metastasis — INTERVAL BETWEEN ONSET AND DEATH 7-6-49

Antecedent cause(s)

170X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1949, to 8-27, 1949, that I last saw the deceased alive on 8-26, 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE C. Edelen (Degree or title) M.D. ADDRESS La Plata, Md DATE SIGNED 8-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-30-50
NAME OF CEMETERY OR CREMATORY St. Paul's Episcopal
LOCATION (City, town, or county) (State) Baden, Maryland

DATE REC'D BY LOCAL REG. Aug 29, 1950
REGISTRAR'S SIGNATURE R. Ens Smith
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro Md.

RECEIVED
AUG 29 1960
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

D8427

Reg. Dist. No. 765

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS heland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 37 E. Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Arsella (Middle) EMERSON (Last) Roberts

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1950

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4/11/1868

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER (PRIMARY)

10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC & PRIVATE

11. BIRTHPLACE (State or foreign country): SPRING MOUNTAIN, OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES EMERSON

14. MOTHER'S MAIDEN NAME: MARTHA BRILLHART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT AND ADDRESS: WAYNE A. ROBERTS (SON) 37-E-RIDGE RD GREENBELT MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral hemorrhage	2 days
331A Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral arteriosclerosis	5 years
83a (c)	Generalized arteriosclerosis	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to 8-26, 1950, that I last saw the deceased alive on August 25, 1950, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hans Wodela M.D. 30-B Bridge Rd, Greenbelt, Md 8-26-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: SEPT 5/1950 | NAME OF CEMETERY OR CREMATORY: WASH. NAT'L CEM. | LOCATION (City, town, or county) (State): SUITLAND MD. GO. CTY MD.

DATE REC'D BY LOCAL REG.: Sept 2, 1950 | REGISTRAR'S SIGNATURE: James Leary

24. FUNERAL DIRECTOR: W. W. CHAMBERS CO — RIVERDALE, MD ADDRESS

V3441

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I)

VS-A15

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

118428

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights — LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5115-54th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights - Hyattsville
STREET ADDRESS (If rural give location) 5115-54th Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	John	Santa	Aug	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 22, 1904	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Printer	Govt Printing Office	Brooklyn, N.Y.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Santa	Mary Benedict

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Adeline Santa, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Ac. congestive heart failure

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c) Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John Mahoney M.D. Dep. Med. Exam.	Cheverly, Md	8-9-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	8/11/50	Evergreen	Jamaica N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 11, 1950	James Berry	E. Gaschen Son	Hyattsville

310 97 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11842?

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Washington
LENGTH OF STAY (In this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Building No 14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Washington
STREET ADDRESS (If rural, give location) Building No 14

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Irene	Frances	Selkirk	8	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Red Indian	Single	July 14 1950	yrs.	1	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William George Selkirk	Norma Cornelius

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		William G. Selkirk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation in bed clothes

(c)

924.0
182

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Ft Washington	(COUNTY) PG	(STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
8 18 50 ? A.M.		Suffocated in bed clothes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D	Forestville Md	8-18-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	aug 18-50	St Barnabas	Glen Hell Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/18/50	Howard I Beall	Simmons Bros.	2007 Nichols Ave S.E. Wash DC

9V-7-14-0-99-V-99-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 11436 ~~2116~~

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwin Hights — LENGTH OF STAY (In this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5913 Pontiac St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY Long Island
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPRINGFIELD
STREET ADDRESS (If rural give location) 143-34 222 Street ✓

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) George (Last) SHATEL
4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: APRIL 13 1933
9. AGE last birthday: 17 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): ST. ALBANS New York
12. CITIZEN OF WHAT COUNTRY? AM

13. FATHER'S NAME: John MILTON SHATEL
14. MOTHER'S MAIDEN NAME: Josephine T LEACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: No
17. INFORMANT: DOROTHY SOBELLE (AUNT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

901.0 **Immediate cause** (a) Cerebral Concussion — Instant

186a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: No
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home — (CITY OR TOWN) Berwin Hights — (COUNTY) Prince — (STATE) Md

TIME OF INJURY (Month) Aug (Day) 19 (Year) 1950 (Hour) 4:00 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY occur? Fell From Ladder While Painting house

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dayton O Watkins MD. 5304 Annapolis Rd Hyattsville Md 8-19-50

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 30 Aug 1950 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) St. Albans, N. Y. — (State)

DATE REC'D BY LOCAL REGISTRAR 8/21/50 — REGISTRAR'S SIGNATURE John D. Smith

24. FUNERAL DIRECTOR — ADDRESS
J. Harris Sons. Hyattsville, md.

RECEIVED
AUG 24 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08431

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince Georges | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel | LENGTH OF STAY (in this place): 83 yrs | HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md | COUNTY: Prince Georges | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel | STREET ADDRESS (If rural give location): 412 Montgomery ave.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Franklin (Last) SHIPLEY

4. DATE OF DEATH: (Month) aug (Day) 12 (Year) 1950

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Dec 28 1866 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Molders Helper | 10b. KIND OF BUSINESS OR INDUSTRY: x | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Alfred Shipley | 14. MOTHER'S MAIDEN NAME: Laura Macahe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: x | 17. INFORMANT: Effie L Shipley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	5 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Previous attack	5 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 8, 1950, to 8 12, 1950, that I last saw the deceased alive on 8 12, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: B P Wann | (Degree or title): MD | ADDRESS: Laurel Md | DATE SIGNED: 8 14 50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: 8/15/50 | NAME OF CEMETERY OR CREMATORY: Ivy Hill | LOCATION (City, town, or county): Laurel | (State): Md

DATE REC'D BY LOCAL REG.: Aug 15 1950 | REGISTRAR'S SIGNATURE: M. Brashears | 24. FUNERAL DIRECTOR / ADDRESS: Ridgley & Selby.

49699

VS. A15

RECEIVED
AUG 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08432 231

Reg. Dist. No. 2475

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Brentwood P. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 4403 Webster Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Josephine	Grant	Simms	8	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Female	Colored	Widow	about 1892	57? yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Pullman E
11. BIRTHPLACE (State or foreign country): Abberville, S. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Calvin Grant
14. MOTHER'S MAIDEN NAME: Angeline Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Alberta Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mutiple myeloma	2 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

203X
550

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Aug. 6, 1950, that I last saw the deceased alive on Aug. 5, 1950, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE Henry J. Kelley M.D. (Degree or title) ADDRESS 1252 Sixth St., S.W. Wash. D.C. DATE SIGNED Aug. 6, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 8 1950	Harmony Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG. Aug. 8 1950
REGISTRAR'S SIGNATURE Mrs. Geo Dawson Deputy Mrs. Amanda Dowdy
24. FUNERAL DIRECTOR: Ernest Sims Co. ADDRESS 1432 Gov. St. N.W.

496417

VS. A15

RECEIVED
AUG 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08433

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) LENGTH OF STAY (in this place) 21 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.

STREET ADDRESS (If rural, give location) 728- 5'th St., N.E.

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) C. (Last) STAPLES

4. DATE OF DEATH (Month) AUG. (Day) 25 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 11-16-92

9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lino-o-type machinist

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William J. Staples

14. MOTHER'S MAIDEN NAME Anna Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
02X Immediate cause	(a) Pulmonary Tuberculosis	2 mo.
13l- Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1950, to 8/25, 1950, that I last saw the deceased alive on 8/25, 1950, and that death occurred at 10:37 P.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finnicane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 8/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8/28/50 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REG. 8-28-50 REGISTRAR'S SIGNATURE Mol Weiss

24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517-11 St S.E.

33614

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1950
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08434

CERTIFICATE OF DEATH

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park; MARYLAND; LENGTH OF STAY (in this place) 12 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park; STREET ADDRESS (If rural, give location) 6601 - Queens Chapel Rd

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) EULALIA (Last) STEPHENSON

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 7/13/1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: W. F. Sale

14. MOTHER'S MAIDEN NAME: susan Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: sue atkins - university Park md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X Immediate cause (a) Carcinoma of Uterus — Interval Between Onset and Death: 8 years

48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1932

19b. MAJOR FINDINGS OF OPERATION: Adeno carcinoma of uterus

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1950, to 8/28, 1950, that I last saw the deceased alive on 8/26, 1950, and that death occurred at 3.30 A m., from the causes and on the date stated above.

SIGNATURE: Louis Mendel (Degree or title) MD ADDRESS College Park, Md DATE SIGNED 8/28/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF 8/30/50 — NAME OF CEMETERY OR CREMATORY: Baker Cemetery — LOCATION (City, town, or county) (State): Churchville Md

DATE REC'D BY LOCAL REG: Aug 28 1950 — REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR: Gaeke Sons — ADDRESS: Hyattsville Md.

RECEIVED
AUG 29 1950
BUREAU V. S

08436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D. C. COUNTY: –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (in this place): 1 yr., &5mos., & 21 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 1528 32nd St., N. W. ✓

3. NAME OF DECEASED (Type or Print)	(First) JESSIE	(Middle) MAY	(Last) TAPER	4. DATE OF DEATH	(Month) Aug.	(Day) 8	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 5/30/1910	9. AGE last birthday: 40 yrs.	If under 1 year: Months –	Days –	If under 24 hrs.: Hours – Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: –	11. BIRTHPLACE (State or foreign country): Blumont, Va.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: John L. Peterson	14. MOTHER'S MAIDEN NAME: Virginia Colbert						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Decedent					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Postoperative shock following	
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) right pneumonectomy	5 hrs.
	(c) Pulmonary Tuberculosis	23 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/8/50	19b. MAJOR FINDINGS OF OPERATION: Pulmonary Tuberculosis with cavitation	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18, 1949, to 8/8, 1950, that I last saw the deceased alive on 8/8, 1950, and that death occurred at 6 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finnicane M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	8/8/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-12-50	Mt Olivet Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-9-50	Mae Weiss	Ambrose B. Boyd	1238 – 20th St. N.W. Washington, D.C.

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VS. A15 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 15 1950
BUREAU

08435

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Service Bldg

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural give location) 4201 - Newton St.

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) Rice (Last) Tate
4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-6-1888
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Prince Co.
11. BIRTHPLACE (State or foreign country) Free Union, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Terry Tate
14. MOTHER'S MAIDEN NAME Elizabeth Walters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 578-07-9996
17. INFORMANT Helen Archer Tate - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

974.x Immediate cause (a) Strangulation

164a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hanging

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Police Station
(CITY OR TOWN) Hyattsville (COUNTY) - Pr. Geo - (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-6-50 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self induced. Belt around neck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney (Degree or title) M.D. Dep. Med. Exam. ADDRESS Cheverly, Md DATE SIGNED 8-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 10, 1950
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) Arlington Va (State)
DATE REC'D BY LOCAL REG. Aug 8, 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Tasche Sons ADDRESS Hyattsville Md

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 9 1968
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

18437

Reg. Diat. No. 242

1. PLACE OF DEATH:

County PRINCE GEORGES

City or town ARDMORE (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 Years

Hospital, institution, or stroot address where death occurred: ARDMORE RD.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State MARYLAND County PRINCE GEORGES

City or town ARDMORE (If outside city or town limits, write RURAL and give nearest town)

Street No. ARDMORE RD. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME GEORGE HARRY THIELE

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	MARRIED

6.(b) Name of husband or wife KATHERINE JANE

6.(c) If alive, give age 60 years

7. Birth date of deceasod (mo., day, yr.) June 25 1889

8. AGE: Years	Months	Days	If less than one day
61	2	1	...hrs. ...min.

9. Birthplace BROWN COUNTY, WISCONSON (Town, county, and state)

10. Usual occupation MACHINIST

11. Industry or business GARAGE

FATHER 12. Name AUGUST THIELE

FATHER 13. Birthplace WISCONSON

MOTHER 14. Maiden name ELIZABETH SNYDER

MOTHER 15. Birthplace WISCONSON

16. Informaot Wife

Address ARDMORE RD. ARDMORE MD

17. Burial (Burial, cremation, or removal. Which?) Date theroot Aug 29 1950 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Suitland, Md.

18. Funeral director Lee Funeral Home

Address 300-4 th N.E. Wash. DC.

19. 8-26-50 (Date rec'd by registrar) Amanda Dorsey Carrie L. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 26 19 50 at 7 A. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 19 47 to Aug 19 50 and that I last saw h.im alive on Aug 25 19 50

Immediate cause of death	DURATION
PULMONARY EDEMA	2 days
RT & LEFT HEART FAILURE	6 Mos
Due to HYPERTENSIUE HEART DISEASE	4 yrs
Due to	
Other conditions 442 932	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Benjamin S. Miller M.D. M. D. or other

Address 3824-34 ST. MT Rainier Date signed AUG 26 '50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

23684

RECEIVED
AUG 31 1960
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08438

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town). OR TOWN Hyattsville Md. | LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.
STREET ADDRESS (If rural, give location) 3906 Madison St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Georgia		Tipton	8	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	1/5/1862	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	West Newton Penna.	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Baer	Annie Mullet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	--	Ora Orawein Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	1 year
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 50	(b) Carcinoma of left breast	8 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1948, to Aug 14, 1950, that I last saw the deceased alive on 8/14, 1950 and that death occurred at 8:10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Mendel	M.D.	College Park, Md.	8/15/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/16/50	Loudon Park Cemetery	Baltimore Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-15-1950	Mrs. Jas. Severe Deputy	F. Gasch's Sons	Hyattsville Md.

RECEIVED
AUG 16 1950
BUREAU V. S

M 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08439

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural, give location) 5610 - 39 st.

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) OTTO (Last) TOMEK
4. DATE OF DEATH (Month) 8/30/50 (Day) (Year) 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 3/9/1894
9. AGE last birthday 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sanitary engineer
10b. KIND OF BUSINESS OR INDUSTRY Suburban Water Co.
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Wenzel Tomek
14. MOTHER'S MAIDEN NAME Theresa Malaisin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Estella Tomek Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease.

93d (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1949, to 8-30, 1950, that I last saw the deceased alive on 8-25, 1950, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE A. Deetz M.D. (Degree or title) ADDRESS Hyattsville, Md DATE SIGNED 8-30-50

23. BURIAL, CREMATION, REMOVAL (Specify) transportation
DATE THEREOF 3/30/50
NAME OF CEMETERY OR CREMATORY Manitowoc
LOCATION (City, town, or county) (State) Wisconsin

DATE REC'D BY LOCAL REG. 8/30/50 8/31/50
REGISTRAR'S SIGNATURE Amanda Downey James Sevry
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md. ADDRESS

V166V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1999
BUREAU V.S.

Evidence for addition of 19a shown on:

FILM No. G 128 SEP 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08440

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 19 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 309 - 2nd Street

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) Luther (Last) Vogts
4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 19, 1861
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jerusalem, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Martin Vogts
14. MOTHER'S MAIDEN NAME Elizabeth Kolbus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9130 Immediate cause (a) Acute congestive heart failure

1860 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Surgical shock

(c) Fractured femur -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation - Arteriosclerosis

19a. DATE OF OPERATION August 7, 1950
19b. MAJOR FINDINGS OF OPERATION Expired on the table while undergoing an operation for nailing of fragments (9-27-50 akc)
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Laurel (COUNTY) Prince Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-18-50 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell in his own yard.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. - Hyattsville, Md - 8-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 9 1950
NAME OF CEMETERY OR CREMATORY Savage Empty
LOCATION (City, town, or county) (State) Savage Md
DATE REC'D BY LOCAL REG. Aug 7, 1950
REGISTRAR'S SIGNATURE Jim Jas Service Dep'y
24. FUNERAL DIRECTOR ADDRESS
McWell Donaldson
Laurel Md.

30885

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 9 1960
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

08441

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5815 Baltimore Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Lee (Last) Walker
4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 5, 1883
9. AGE last birthday: 66 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Anne Arundel County
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Walker
14. MOTHER'S MAIDEN NAME: Ann Hardesty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: William Lee Walker, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442Y **Immediate cause** (a) C.C. congestive heart failure

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John J. Maloney, M.D. Dep. Med Exam. Cloverly Hyattsville Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF Aug 27 1950 | NAME OF CEMETERY OR CREMATORY Mt Zion | LOCATION (City, town, or county) Rothsay (State) Md

DATE REC'D BY LOCAL REG. 8-25-50 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR T A Hardesty & Son | ADDRESS Gelsville, Md

8-26 50 James Levey

98 99

RECEIVED
AUG 28 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08442

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 1 year 6 10 mo and 19 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 10 R. Street, N. W.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E (Last) WEAVER

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 2/3/19

9. AGE last birthday: 31 yrs. — If under 1 year: Months —, Days —; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ernest Blakey

14. MOTHER'S MAIDEN NAME: Nanie Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 yrs

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

13K

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11 19 48, to 8/30 19 50, that I last saw the deceased alive on 8/30 19 50, and that death occurred at 950 P m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Pincus (Degree or title): M. D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: 8/30/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 8/31/50 | NAME OF CEMETERY OR CREMATORY: — | LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG.: 9-1-50 | REGISTRAR'S SIGNATURE: Wm Weiss

24. FUNERAL DIRECTOR: Turner's Funeral Home per 1361 - Ha. Ave. NE ADDRESS

(Attorney for 363)

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08443

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Hyattsville Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 4105 Madison St. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md.
STREET ADDRESS (If rural, give location) 4105 Madison

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wesley (Last) Wilson

4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 1950

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Sept. 14, 1874 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wilson
14. MOTHER'S MAIDEN NAME: Sarah Hyland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No.
17. INFORMANT AND ADDRESS: L. Maude Wilson - 4105 - Madison Hy. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death:

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1937, to 8/18, 1950, that I last saw the deceased alive on 8/18, 1950, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Earl N. Graff (MD) | 3400 24th St NE | 8-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 21 1950 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: Aug. 19, 1950 | REGISTRAR'S SIGNATURE: Mrs. Jas. Lavere Deputy | 24. FUNERAL DIRECTOR: Dascis Sons | ADDRESS: Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
AUG 22 1950
BUREAU V. S

08444

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (In this place) 8 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3805-34th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 3805-34th Street

3. NAME OF DECEASED (Type or Print) (First) Kenneth (Middle) Eugene (Last) Wilson
4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/8/22
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler
10b. KIND OF BUSINESS OR INDUSTRY Own self
11. BIRTHPLACE (State or foreign country) Eureka, Mont.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME James Wilson
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 11
16. SOCIAL SECURITY NO.
17. INFORMANT Helen K Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

976.X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun-shot wound of chest and abdomen

164c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Mt Rainier (COUNTY) P. G. (STATE) Md
TIME OF INJURY (Month) 8 (Day) 12 (Year) 50 (Hour) 5:00 m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Shot self in chest with revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE James I. Bond (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 8-12-50

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation
DATE THEREOF 8/14/50
NAME OF CEMETERY OR CREMATORY Spokane
LOCATION (City, town, or county) Washington (State)

DATE REC'D BY LOCAL REG. Aug 14, 1950
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F Gasche Sons Hyattsville Md ADDRESS

32076

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 15 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08445

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 7 da. 2 hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Hill
STREET ADDRESS (If rural, give location): 3912 Branch Avenue

3. NAME OF DECEASED (Type or Print) (First) Otis (Middle) D (Last) Wilson

4. DATE OF DEATH (Month) 8 (Day) 18 (Year) 7:15 p.m. 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 30, 1899
9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wilson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
203X	Immediate cause	(a) PNEUMONIA	16 days
55e	Antecedent cause(s)	ARTERIOSCLOTIC HEART DISEASE	15 years
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) MULTIPLE MYELOMA.	2 years
		(c) BILATERAL PNEUMONITIS	16 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1950, to Aug 18, 1950, that I last saw the deceased alive on Aug 18, 1950, and that death occurred at 7:15 p m., from the causes and on the date stated above.

SIGNATURE: R. Bauer MD. (Degree or title) ADDRESS: 4314 GALLATIN ST. HYATTSVILLE DATE SIGNED: 8/19/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Aug. 22-1950
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG.: 8-19-50
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Simmons Bros ADDRESS: 2007 Nicholls Ave S.E.

XVX99

RECEIVED
AUG 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08446

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt, Md.
STREET ADDRESS (If rural, give location) 89 Southway

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Zarrilli

4. DATE OF DEATH (Month) August (Day) 10, (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH August 10, 1950
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 8 Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Zarrilli Michael
14. MOTHER'S MAIDEN NAME Chenault, Barbara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7620 Immediate cause (a) Incomplete Expansion, both lungs.

Antecedent cause(s)

161a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis

(c) Prolapsed Cord, Cerebral Anoxia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1950, to Aug. 10, 1950, that I last saw the deceased alive on Aug 10, 1950, and that death occurred at 12:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis H. Moody, Jr., M.D.
ADDRESS 30 D Ridge Road, Greenbelt, Md.
DATE SIGNED 8/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE Aug 10, 50
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REG. Aug 14 1950
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr.
ADDRESS Supt

2-0-8-10-0-25-2-38-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1950
BUREAU V. S